

# REQUEST FOR SERVICE RECORDS

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FULL NAME \_\_\_\_\_

FULL SSN \_\_\_\_\_

YEAR AND DATE OF DISCHARGE \_\_\_\_\_

HOME OR CELL PHONE # \_\_\_\_\_

MAILING ADDRESS OR RETURN FAX # \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

*(Original Signature Required)*

WRITE A SMALL EXPLANATION OF WHAT FORMS YOU ARE REQUESTING AND  
WHAT YOU NEED THEM FOR.

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\_\_\_\_\_  
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THIS REQUEST CAN BE FAXED, EMAILED OR MAILED TO OUR OFFICE.

FAX (505) 474-1175 PHONE (505) 474-1241/1262

EMAIL nm.nmarng.list.mailroom@mail.mil

ADDRESS ATTN: RECORDS HOLDING AREA  
22A BATAAN BLVD  
SANTA FE, NM 87508